



## **THE CARE DELIVERY CARE PROCESS**

The Long Term Care Professional Leadership Council (LTCPLC) supports the use of a correct, complete care delivery process as an essential tool to providing high quality long-term care.

### ***What is the "care delivery process?"***

Optimal health and personal care requires following universally acknowledged methods to identify and address complex issues. It starts with collecting enough relevant information to allow us to draw pertinent conclusions about an individual's strengths, deficits, risks, and problems; the meaning of signs and symptoms, distinguishing real problems from normal variations, identifying the need for additional analysis and intervention, distinguishing and relating the physical, functional, and psychosocial causes and consequences of illness and dysfunction, and identifying an individual's values, goals, wishes, and prognosis. Taken together, this information enables pertinent, individualized care plans and interventions.

These steps in such a care delivery process, are: 1) Recognition/Assessment, 2) Cause Identification/Diagnosis, 3) Management/Treatment, and 4) Monitoring (Figure 1). The care delivery process is based upon thinking that is at the heart of modern medical, nursing, and pharmacy practice, and is consistent with standard problem solving and quality improvement approaches. While specific interventions may be controversial or may change with time, these principles and processes are enduring.

### ***What are the advantages of a proper care delivery process?***

A consistent, correct care delivery process facilitates care that meets all of the desirable quality attributes as identified by the Institute of Medicine: safe, effective, efficient, patient-centered, timely, and equitable. [Ref: Crossing the Quality Chasm, the IOM Health Care Quality Initiative, <http://www.iom.edu/?id=18795>]

Use of a systematic care delivery process reduces guess work and helps increase the likelihood that correct, safe care will be given, contributing to improved care quality, customer satisfaction, regulatory compliance, and financial performance, and reduced legal liability. For example, it is possible to target interventions for agitated behavior, pain, and anorexia/weight loss to maximize benefit and minimize risk. In contrast, interventions that skip key care process steps often become guesswork. Faithful

adherence to the care delivery process enables rational medication use that maximizes effectiveness, minimizes risks and complications, and facilitates regulatory compliance.

When all the diverse care providers and practitioners use this systematic approach to care for all residents, care delivery should become more consistent.

A systematic care delivery process is also consistent with essential geriatrics and medical principles. Much of the care of long-term care residents and short-stay postacute patients—especially, those with complex conditions and multidimensional needs and problems—revolves around a handful of problems (falling, anorexia, increasing confusion, etc.). Many symptoms have diverse causes, and many conditions can cause multiple symptoms. Before care planning begins, it is critical to link diagnoses, problems, and treatments correctly. Symptoms or abnormalities should not be treated without trying to identify their causes. A proper care delivery process helps fill the critical gap between assessment and care planning. It provides a significant basis for process and outcome quality indicators. Understanding cause-and-effect relationships helps to target care and identify likely improvement, as a basis for evaluating the ultimate results.

Understanding the care delivery process permits identification of key functions and tasks associated with each phase; for example, formulate a detailed problem statement (Recognition) or recognize multiple coexisting causes of a symptom (Cause Identification). It is then possible to identify the skills and disciplines that are needed to perform those functions and tasks.

### ***How does the care delivery process relate to the survey process and regulations?***

Nursing home regulations and related guidance do not substitute for good care. Capable staff, practitioners, and facility management recognize that they cannot rely on regulations as the primary guidance on how to care for sick, frail, chronically ill individuals. Survey instruments such as the Minimum Data Set (MDS) and Resident Assessment Protocols (RAPs) emphasize functional and psychosocial assessments and do not guide any discipline in the adequate assessment of physical problems or medical conditions, or how to identify the specific causes of problems in symptomatic individuals or how to select the right interventions from among options.

Facilities should use the care delivery process to guide care that is compatible with regulatory requirements, not vice versa.

### ***What should be done to ensure that the care delivery process happens properly?***

Compliance with the complete care delivery process is essential to providing long-term care that meets all of the attributes of quality.

Promote the proper management focus. Capable administrators and management staff apply well-established quality-improvement and management principles to operate and oversee an effective care delivery system. Therefore, facility management should understand the key elements of the care delivery process (which does not mean they have to know how to diagnose and treat disease). Administrators must play a key role in ensuring that the care delivery process occurs correctly and consistently in their facilities.

Owners and administrators should understand what their management and staff are supposed to do, and how to identify when they do it right. They should provide clear job descriptions and job responsibilities; have systems for observing and matching performance with expectations; hold staff and practitioners accountable for their performance; provide regular and pertinent feedback; and use results to identify and correct root causes of practice and performance problems.

Promote the proper approach to regulatory compliance. Every nursing home must comply with regulatory requirements. While the OBRA regulations and related guidance provide broad expectations, they do not provide the primary route to regulatory compliance. The effort to address survey deficiencies must rely on understanding how to use the care delivery process and performance improvement principles to identify root causes of problems.

Understanding the care delivery process reminds us that clinical problems often do not match up with a specific discipline. For example, a survey deficiency related to weight loss may ultimately relate to undetected adverse medication consequences or to the failure of nurses, consultant pharmacists, and physicians to recognize and address correctable causes of anorexia.

Promote the proper approach to risk management. Following the care delivery process means getting a complete "story" (onset, duration, location, intensity, etc.) about symptoms and looking at the whole patient picture before rushing to intervene. It means recognizing that it is improper to label individuals as "rehab" patient, IV patient, wound care patient, etc. It means recognizing that symptoms such as agitation, falling, anorexia, and increasing confusion often reflect the cumulative effects of multiple simultaneous conditions and factors. Valid risk reduction relies on understanding what is to be done and why before using medications and other high-risk interventions to try to "comply."

Payment issues are always relevant, and may affect decisions at certain steps of the care process, but they should not result in skipping steps. The primary diagnosis or reason for admission often masks significant unidentified or unresolved comorbid conditions. Good practice requires recognizing and addressing significant modifiable risk factors before they are active or more advanced.

Proper adherence to the care delivery process allows the staff and practitioners to anticipate problems better and allows them to explain to patients and families why the care may be more complicated, or the desired outcome more difficult to achieve, than expected. Sometimes, appropriately explaining the full picture will help the payer understand why they should authorize additional care or a longer stay.

The care delivery process is essential to adequate risk management. Ownership and key management (including the Administrator, Director of Nursing, and Medical Director) should support the consistent use of the care delivery process at all levels in the facility. This process is more likely to succeed with broad participation.

***Summary and Recommendations***

The LTCPLC recommends that all nursing homes and all efforts (including those by individuals, government agencies, projects, programs, and organizations) to improve long-term care should embrace and promote the care delivery process. A proper care delivery process has major positive effects on multiple outcomes, and promotes care that meets all of the desirable attributes of quality.

*Figure 1 appears on the next page.*

*Figure 1 - CARE DELIVERY PROCESS*

<b>Process Step</b>	<b>Objectives</b>	<b>Key Tasks</b>
<b>Recognition/ Assessment</b>	- Gather essential information (physical, functional, psychosocial) about the individual	- Identify and collect information that is needed to identify an individual's situation that enables proper definition of their conditions, strengths, needs, risks, problems, and prognosis - Obtain a personal and medical history - Perform a physical assessment
<b>Problem definition</b>	- Define the individual's problems and issues	- Clearly identify the individual's issues and physical, functional, and psychosocial strengths, problems, needs, deficits, and concerns - Identify any current consequences and complications of the individual's situation, underlying condition and illnesses, etc. - Define significant risk factors
<b>Diagnosis/ Cause-and-effect analysis</b>	- Identify the physical, functional, and psychosocial causes of risks, problems, and other issues, and relate them to one another and to their consequences	- Identify causes of, and factors contributing to, the individual's current dysfunctions, disabilities, impairments, and risks - Identify pertinent evaluations and diagnostic tests - Identify how existing symptoms, signs, diagnoses, test results, dysfunctions, impairments, disabilities, and other findings relate to one another - Identify how addressing those causes is likely to affect consequences
<b>Identifying goals and objectives of care</b>	- Clarify the purpose of providing care, including specific interventions, and the criteria that will be used to determine whether the goals are being met	- Clarify prognosis - Define overall goals and objectives for the individual's services and care - Identify criteria for meeting goals
<b>Selecting interventions/ Planning care</b>	- Identify and implement interventions and treatments to address the individual's physical, functional, and psychosocial needs, concerns, problems, and risks	- Identify specific symptomatic and cause-specific interventions (physical, functional, and psychosocial) - Identify anticipated benefits and risks of treatments and services to address causes, consequences, and risk factors, and help attain overall goals for the individual - Clarify how specific treatments and services will be evaluated for their effectiveness and possible adverse consequences
<b>Monitoring of progress</b>	- Review individual's progress towards goals - Review effectiveness and adverse consequences of related to treatments - Adjust interventions as needed - Identify when care objectives have been achieved sufficiently to allow for discharge, transfer, or change in level of care	- Identify the individual's response to interventions and treatments - Identify factors that are affecting progress towards achieving goals - Define or refine the prognosis - Identify when treatment and other interventions should be modified or stopped